

APR 27 2005

K050752

B. 510(k) SUMMARY OF SAFETY AND EFFECTIVENESS
(in Accordance with SMDA of 1990)**Aesculap Orthopilot 2 THA V 2.0.4**
23 March 2005

COMPANY: Aesculap[®], Inc.
3773 Corporate Parkway
Center Valley, PA 18034
Establishment Registration Number: 2916714

CONTACT: Matthew M. Hull
800-258-1946 x 5072 (phone)
610-791-6882 (fax)

TRADE NAME: Aesculap Orthopilot 2 THA V 2.0

COMMON NAME: Surgical Navigation Platform

DEVICE CLASS: Class II

PRODUCT CODE: 84 HAW

CLASSIFICATION: 882.4560 – Stereotaxic Instrument

REVIEW PANEL: Neurology

INDICATIONS FOR USE

The Orthopilot[®] 2 Navigation Platform is a system for computer-aided navigation of surgical instruments. Its purpose is to optimally position endoprosthesis in arthroplasty such as the Search Evolution Knee system and the Gem Knee system in the patient. It aids the surgeon in accurately positioning the cutting guides, drills and reamers for total endoprosthesis replacement surgery and provides intraoperative measurements of bone alignment. It indicates optimized angles and positions for implant placement.

DEVICE DESCRIPTION

The Total Hip Arthroplasty (THA) software module version 2.0 is an upgrade to the THA version 1 that was originally cleared for the Aesculap Orthopilot2. It is designed to provide computer aided navigation for total hip arthroplasty using Aesculap's Orthopilot 2 platform. The Orthopilot 2 uses transmitters that are mounted to the patients bones, or are mobile to palpate anatomical landmarks in conjunction with a camera to monitor the spatial location of the transmitters in relation to each other and/or instruments.

PERFORMANCE DATA

No applicable performance standards have been promulgated under FDCA Section 514 for this system. This software module was developed in accordance with Aesculap's internal SOP's as well as CDRH's "General Principles of Software Validation; Final Guidance for Industry and FDA Staff. Aesculap's Orthopilot 2 Navigation platform does comply with the following FDA recognized standards:

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- IEC 60601-1 International Electrotechnical Commission; Medical Electrical Equipment, Part 1: General Requirements for Safety.
- IEC 60601-1-2 International Electrotechnical Commission; Medical Electrical Equipment, General Requirements for Safety: Electromagnetic Compatibility – Requirements and Tests.

SUBSTANTIAL EQUIVALENCE

Aesculap[®], Inc. believes that the Orthopilot 2 THA Software Module 2.0 is substantially equivalent to our currently marketed THA Module 1 that was cleared in Aesculap's 510(k) submission #K013569 for Orthopilot 2.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

APR 27 2005

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Mr. Mathew M. Hull, RAC
Regulatory Affairs Manager
Aesculap, Inc.
3773 Corporate Parkway
Center Valley, Pennsylvania 18034

Re: K050752
Trade/Device Name: Aesculap Orthopilot 2 THA Module V 2.0
Regulation Number: 21 CFR 882.4560
Regulation Name: Stereotaxic instrument
Regulatory Class: II
Product Code: HAW
Dated: April 21, 2005
Received: April 22, 2005

Dear Mr.Hull:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.


Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Page 2 – Mr. Mathew M. Hull, RAC

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,


for Miriam C. Provost, Ph.D.
Acting Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

510(k) Number: K050752

Indication for Use:

Prescription Use X
(Part 21 CFR 801 Subpart D)

AND/OR

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE OF NEEDED)

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